

# *2006 Maryland Medicaid Managed Care*

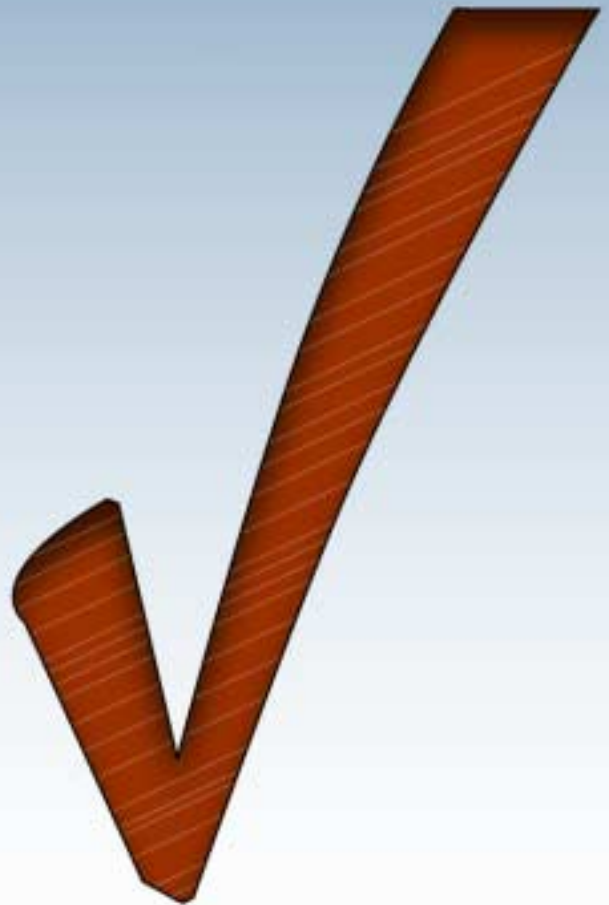


## *Provider Satisfaction Survey Executive Summary*

Prepared for:

***DHMH***

*Maryland Department of  
Health and Mental Hygiene*





## ***Background***

As part of the quality-monitoring plan, the State of Maryland Department of Health and Mental Hygiene (DHMH) conducts annual provider surveys to measure the Primary Care Provider (PCP) satisfaction with the Managed Care Organization's (MCO) administration of the HealthChoice program. DHMH selected The Myers Group (TMG), an NCQA-Certified HEDIS Survey Vendor to conduct the 2006 Provider Satisfaction Survey.

The comprehensive provider satisfaction survey tool was developed jointly by DHMH and TMG to assess providers' experience with the MCOs they participate with. The survey contains question sets covering topics such as:

- Taking appropriate and timely actions in processing claims;
- Assisting provider offices through accessible and helpful representatives;
- Maintaining an adequate network of specialist providers; and
- Providing timely authorizations.

The following seven MCOs participated in this survey:

- AMERIGROUP Maryland, Inc.
- Diamond Plan
- Helix Family Choice, Inc.
- Jai Medical Systems MCO, Inc.
- Maryland Physicians Care
- Priority Partners
- UnitedHealthcare



## Methodology

For the 2006 survey, a mail-only survey administration methodology was utilized to survey a random sample of PCPs from each of the seven MCOs from July through September 2006. From a total aggregate sample of 5,203 providers, TMG collected 466 responses yielding a total aggregate response rate of 11.4%<sup>1</sup>. The chart below lists the sample size and the number of completed surveys for each MCO for 2006 and 2005 results.

MCO	2006		2005	
	Sample Size	Returned Surveys	Sample Size	Returned Surveys
AMERIGROUP Maryland, Inc.	1,000	81	1,098	49
Diamond Plan	579	33	933	39
Helix Family Choice, Inc.	505	63	1,046	46
Jai Medical Systems MCO, Inc.	119	34	1,100	16
Maryland Physicians Care	1,000	97	1,100	55
Priority Partners	1,000	82	1,099	62
UnitedHealthcare	1,000	76	1,096	82
<b>Aggregate</b>	<b>5,203</b>	<b>466</b>	<b>7,472</b>	<b>349</b>

## Presentation of Results

- Attributes are the individual questions within each composite.
- Composites are calculated by taking the average of the Summary Rate Scores of the attributes in the specified section.
- All Other HealthChoice MCO Comparison – On the survey tool, respondents are asked to rate the HealthChoice MCO indicated on the survey tool and also to rate all other HealthChoice MCOs in which they participate.
- Summary Rate Scores represent the percentage of respondents who select one of the top two positive answer choices. For most questions, the Summary Rate Score is the sum of the percentage of respondents who answered “Excellent” or “Very Good” from a five-point scale ranging from “Excellent” to “Poor.”

<sup>1</sup> The equation used to calculate the response rate subtracts ineligible surveys (mail surveys returned with no forwarding address) from the sample size when computing the denominator.



## ***Composite Categories***

The 2006 HealthChoice Provider Survey Tool was modified when compared to previous studies. The 2005 survey tool consisted of 67 questions, which was reduced to 30 questions for the 2006 survey tool. Each composite category was condensed, and some composite categories were eliminated (Specialty Provider Network, Case Management, and Pharmacy and Drug Benefits). In addition, one attribute was added to the Customer Service/Provider Relations composite, which reads as follows: “Q15. *Specialist network has an adequate number of specialists to whom I can refer my patients.*” Composites were also reorganized on the survey tool. For example, the Finance issues composite was moved to the beginning of the survey. Finally, the font size was increased and the amount of white space was also enhanced. Despite these changes, most attributes and composites remain comparable.

The 2006 HealthChoice Provider Survey Tool consists of seven composites. Each composite category represents an overall aspect of plan quality and is composed of similar questions. A Summary Rate Score is assigned to each composite and is calculated as the average of the Summary Rate Scores of the questions within the composite. The composites, a description of the attributes within the composite, and the Summary Rate Score is provided below.

### Finance Issues

The Finance Issues composite measures the accuracy of claims processing, and the timeliness of both initial claims processing and adjustment/appeal claims processing. The Summary Rate represents the percentage of respondents who answered “Excellent” or “Very Good.”

### Customer Service/Provider Relations

The Customer Service/Provider Relations composite measures the process of obtaining member eligibility information, the respondent's interaction with representatives from Customer Service/Provider Relations, the quality of communications, and the adequacy of the specialist network. The Summary Rate represents the percentage of respondents who answered “Excellent” or “Very Good.”

### Coordination of Care/Case Management

This composite includes only one attribute, which asks the provider to rate HealthChoice on overall coordination of care and case management. The Summary Rate represents the percentage of respondents who answered “Excellent” or “Very Good.”

### No-Show Appointments

This composite also includes only one attribute, which asks respondents to give the number of scheduled appointments that do not show each week. The Summary Rate represents the percentage of respondents who answered “None” or “1-25%.”



### Utilization Management

The Utilization Management composite measures the providers' experiences with the timeliness of authorization processes. The Summary Rate represents the percentage of respondents who answered "Excellent" or "Very Good."

### Overall Satisfaction

Respondents are asked to rate their overall satisfaction with the specified HealthChoice MCO and all other HealthChoiceMCOs in which they participate. The Summary Rate represents the percentage of respondents who answered "Very satisfied" or "Somewhat satisfied." Providers are also asked whether they are likely to recommend HealthChoice to other physicians and patients. The Summary Rate represents the percentage of respondents who answered "Definitely yes" or "Probably yes."

### ***All Other HealthChoice MCOs Composite Comparison***

Providers were asked to rate the HealthChoice MCOs listed on the survey, as well as, all other MCOs in which they participate. Results are presented as Summary Rate Scores, which represent the percentage of respondents who select one of the top two positive answer choices. The Summary Rate Scores for the majority of the items listed in the chart below are the sum of the proportion of respondents who selected "Excellent" or "Very Good" from a five-point scale of "Excellent," "Very Good," "Good," "Fair," or "Poor". The Summary Rate Score for the No-Show Appointments category is the sum of the proportion of respondents who selected "None" or "1-25%". This chart provides the 2006 Summary Rate composite and overall satisfaction attribute scores for the HealthChoice MCO results and all other MCOs.

Composites	Summary Rate Definition	2006 Summary Rate Scores	
		HealthChoice	All Other MCOs
Finance Issues	Excellent/ Very good	37.7%	30.1%
Customer Service/Provider Relations		38.2%	26.1%
Coordination of Care/Case Management		33.0%	NA <sup>2</sup>
No-Show Appointments	Up to 25%	89.0%	NA
Utilization Management	Excellent/ Very Good	35.0%	23.0%

<sup>2</sup> NA indicates the question was not asked.



### ***All Other HealthChoice MCOs Overall Satisfaction Comparison***

Respondents were asked to rate their overall satisfaction with HealthChoice as well as their overall satisfaction with all other HealthChoice MCOs. The attribute is based on a five-point scale with response options consisting of “Very satisfied,” “Somewhat satisfied,” “Neither satisfied nor dissatisfied,” “Somewhat dissatisfied,” and “Very dissatisfied.” The Summary Rate Score is the sum of the proportion of respondents who selected “Very satisfied” and “Somewhat satisfied.” The chart below shows the overall satisfaction Summary Rate Scores for HealthChoice (69.5%) compared to the Summary Rate Score for all other HealthChoice MCOs (60.6%).

The Overall Satisfaction Composite consists of the overall satisfaction attribute, plus two additional attributes, which ask respondents if they would recommend HealthChoice to patients and other physicians. The recommendation attributes are based on a four-point scale consisting of the following response options: “Definitely yes,” “Probably yes,” “Probably not,” and “Definitely not.” The Summary Rate Score is the sum of the proportion of respondents who selected “Definitely yes” and “Probably yes.” Respondents were only asked to rate the HealthChoice MCO on the recommendation attributes, therefore Summary Rate Scores are not available for all other MCOs for these two attributes.

Composite/Attribute	Summary Rate Definition	2006 Summary Rate Scores	
		HealthChoice	All Other HealthChoice MCOs
<b><i>Overall Satisfaction Composite</i></b>		<b>75.8%</b>	<b>NA</b>
Recommend to patients	Definitely/ Probably yes	81.0%	NA <sup>3</sup>
Recommend to other physicians		76.9%	NA
<b>Overall Satisfaction</b>	<b>Very/ Somewhat satisfied</b>	<b>69.5%</b>	<b>60.6%</b>

<sup>3</sup> NA indicates the question was not asked.



## Significant Differences

To be significant, differences must be attributed to real changes or variations and not to chance. Because of the nature of random sampling, it is possible to obtain a sample that may not represent the population of interest. In general, the larger the sample, the more likely the sample will represent the population.

However, even with large samples the estimated value (e.g. Summary Rate Score) might still not represent the population. TMG uses a mathematical procedure to judge whether differences are due to true differences in the populations or simply attributed to chance. When a difference is determined to be significant, the chance that it is not truly different is set to be 5% (or 1 in 20).

## Composite Trend Comparison

The charts below outline 2006, 2005 and 2004 HealthChoice Summary Rate Scores for each composite. The Summary Rate Score is the sum of the proportion of respondents who selected “Excellent” or “Very good” for the Finance Issues, Customer Service/Provider Relations, Coordination of Care/Case Management and Utilization Management composites. The Summary Rate Score for the No-Show Appointments composite is the sum of the proportion of respondents who selected “None” or “1-25%”.

Significant differences between the 2006, 2005 and 2004 results are also provided. Focus should be given to those attributes that show significant changes in scores.

Composite	2006	2005	2004	Significant Difference	
				2006 vs. 2005	2006 vs. 2004
Finance Issues	37.7%	18.7%	19.8%	Sig. Increase	Sig. Increase
Customer Service/Provider Relations	38.2%	NA <sup>4</sup>	NA	NA	NA
Coordination of Care/Case Management	33.0%	23.5%	26.0%	Sig. Increase	Sig. Increase
No-Show Appointments	89.0%	89.1%	94.5%	Not Significant	Sig. Decrease
Utilization Management	35.0%	20.1%	22.3%	Sig. Increase	Sig. Increase
<b>Overall Satisfaction (composite)</b>	<b>75.8%</b>	<b>72.9%</b>	<b>71.9%</b>	<b>Not Significant</b>	<b>Not Significant</b>

<sup>4</sup> Due to an additional attribute in the 2006 survey tool (Q15), the Customer Service/Provider Relations composite is not applicable for comparison.



## ***Overall Satisfaction Attribute Trend Comparison by MCO***

Providers were asked to rate their overall satisfaction with the MCOs administration of the HealthChoice program on a five-point scale with response options consisting of “Very satisfied,” “Somewhat satisfied,” “Neither satisfied nor dissatisfied,” “Somewhat dissatisfied,” and “Very dissatisfied.” The Summary Rate Score, which represents the percentage of respondents who select one of the top two positive answer choices, is the sum of the proportion of respondents who selected “Very satisfied” and “Somewhat satisfied.” Current Summary Rate Scores are provided in the table below for each MCO and the aggregate with a comparison to 2005 and 2004 results.

MCO	2006		2005		2004	
	Number of respondents	Overall Satisfaction	Number of respondents	Overall Satisfaction	Number of respondents	Overall Satisfaction
<b><i>Aggregate</i></b>	<b>430</b>	<b>69.5%</b>	<b>313</b>	<b>66.5%</b>	<b>558</b>	<b>64.2%</b>
AMERIGROUP Maryland, Inc.	79	77.2%	43	69.8%	170	68.2%
Diamond Plan	30	66.7%	36	66.7%	NA	NA
Helix Family Choice, Inc.	59	83.1%	40	77.5%	32	59.4%
Jai Medical Systems MCO, Inc.	33	78.8%	16	92.9%	34	41.2%
Maryland Physicians Care	89	56.2%	51	54.9%	76	56.6%
Priority Partners	72	69.4%	55	60.0%	80	63.8%
UnitedHealthcare	68	63.2%	74	66.2%	166	69.3%

\*Note: Small sample sizes can lead to results that do not accurately represent the population they are meant to represent.

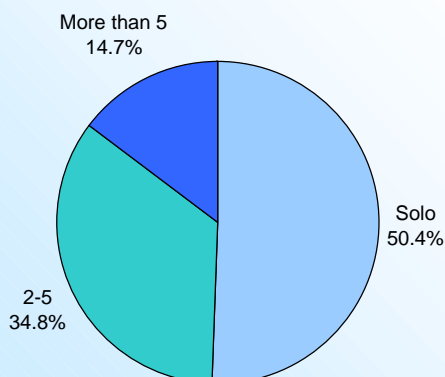




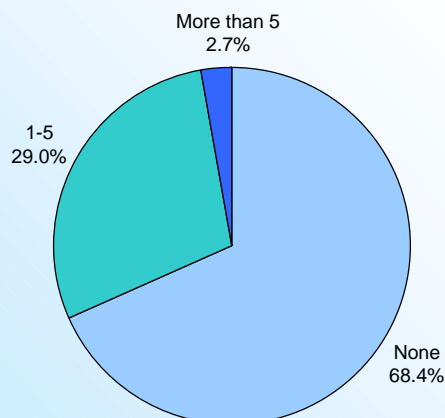
## Demographics

466 Total Respondents

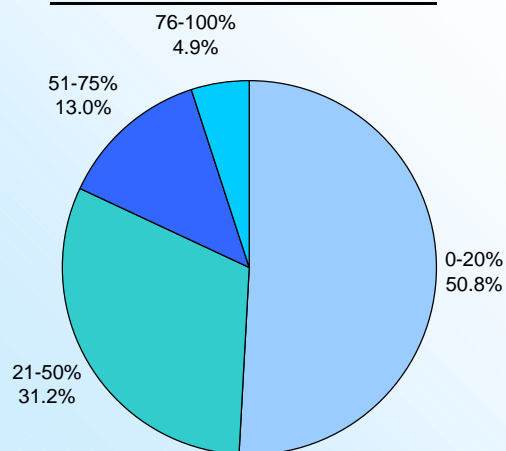
### PHYSICIANS IN PRACTICE



### MID-LEVEL PRACTITIONERS IN PRACTICE



### PERCENT OF TOTAL PATIENT VOLUME REPRESENTED BY MEDICAID MANAGED CARE



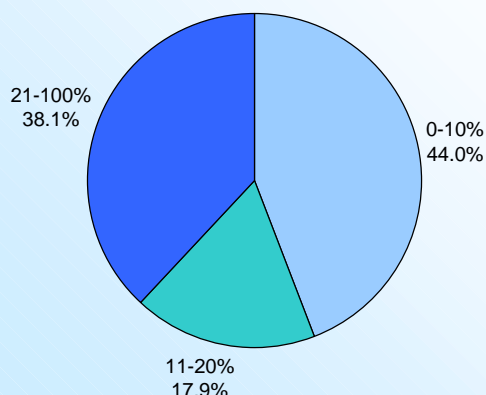
*Note: For many survey questions, you will often see response distribution percentages listed that do not add to exactly 100%. In some cases, they may add to 99.9%, and in others, to 100.1%. This tends to cause some concern, as it gives the appearance of a valid response being omitted, or even counted twice. Through consultation with a number of our clients, The Myers Group has determined that using a single decimal place in the reporting of percentages provides an adequate level of detail. Typically, when percentages are calculated in our report applications, all decimal places are computed, but only the first decimal place is actually shown. As such, adding rounded single-digit decimals may not equal to 100%. If the same figures were taken out an additional decimal place, however, they would then add to exactly 100%.*



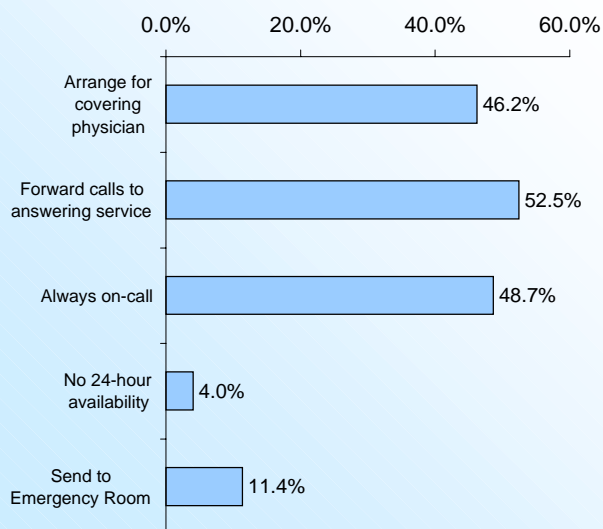
## Demographics

466 Total Respondents

### PERCENT OF MEDICAID MANAGED CARE VOLUME REPRESENTED BY HEALTHCHOICE

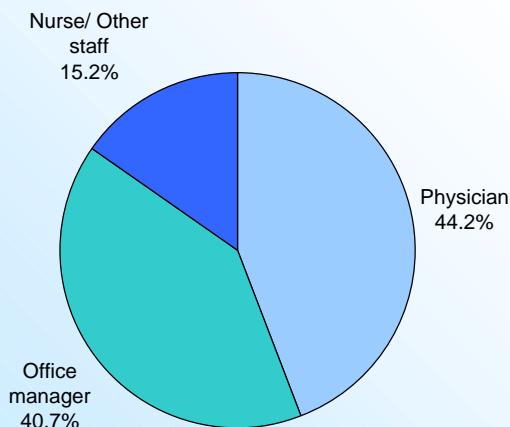


### 24-HOUR AVAILABILITY



The sum of responses for 24-Hour Availability may be greater than 100% as respondents are able to choose multiple response options.

### SURVEY RESPONDENT



Note: For many survey questions, you will often see response distribution percentages listed that do not add to exactly 100%. In some cases, they may add to 99.9%, and in others, to 100.1%. This tends to cause some concern, as it gives the appearance of a valid response being omitted, or even counted twice. Through consultation with a number of our clients, The Myers Group has determined that using a single decimal place in the reporting of percentages provides an adequate level of detail. Typically, when percentages are calculated in our report applications, all decimal places are computed, but only the first decimal place is actually shown. As such, adding rounded single-digit decimals may not equal to 100%. If the same figures were taken out an additional decimal place, however, they would then add to exactly 100%.



## **Conclusions/Recommendations**

Information obtained from Provider Satisfaction Surveys provides the State with an overview of HealthChoice MCOs' strengths and weaknesses in meeting their PCPs expectations and needs.

- The following attributes are considered important to the HealthChoice MCO providers: ***accuracy of claims processing, timeliness of Customer Service/Provider Relations to answer questions or resolve problems, and timeliness of obtaining pharmacy/formulary authorizations.*** The key driver analysis shows these attributes are most closely related to providers' overall satisfaction. In addition, overall rating of customer service/provider relations and coordination of care/case management also have high correlation coefficients, meaning these service areas are also important to the HealthChoice MCO providers.
- When compared to 2005 and 2004, Summary Rate Scores *increased significantly* in almost every applicable attribute. However, Summary Rate Scores did not change significantly for the overall satisfaction attributes. While scores have increased steadily over the years in these attributes, the changes are not significant. Overall, HealthChoice performed well when compared to previous results.